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CONFIRMATION NO. 4929

<b>SERIAL NUMBER</b> 10/731,288	<b>FILING OR 371(c) DATE</b> 12/09/2003 <b>RULE</b>	<b>CLASS</b> 606	<b>GROUP ART UNIT</b> 3732	<b>ATTORNEY DOCKET NO.</b> 10800-3U3	
<b>APPLICANTS</b> Walter W. Eckman, Tupelo, MS;					
<b>** CONTINUING DATA *****</b> This application is a CON of 10/345,525 01/16/2003 PAT 6,726,690 which claims benefit of 60/369,701 04/02/2002 and claims benefit of 60/349,742 01/17/2002					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 06/29/2004</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged		<b>STATE OR COUNTRY</b> MS	<b>SHEETS DRAWING</b> 8	<b>TOTAL CLAIMS</b> 8	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> 000570					
<b>TITLE</b> DISKECTOMY INSTRUMENT AND METHOD					
<b>FILING FEE RECEIVED</b> 685	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		